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(Signatus (Dat

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 10/720,262 11/25/2003 Bjorn-Harald Sjogren 1380-0255PUS1 4105

TITLE OF INVENTION: DATABASE CONSTRAINT ENPORCER

APPLN. TYPE	SMALL ENTITY	INSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	1
nonprovisional	YES	\$755	\$300	\$0	\$1055	02/02/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
DWIVEDI, MAHESH H		2168	707-008000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). Change of correspondence address (or Change of Correspondence Address form FTOSB/122) attached. Tee Address "indication (are Fee Address" Indication form FTOSB/12; Nev 0.942 or more recent) attached. Use of a Customer Number is required.			For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agent OR, alternatively. (2) the name of a single ffm (having as a member a registered attorney or agend) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2Kolasci	1Birch, Stewart, 2Kolasch & Birch, LLF	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

NORSYNC TECHNOLOGY A/S Oslo, Norway

Please check the appropriate assignee category or categories (will not be printed on the patent): 🚨 Individual 💥 Corporation or other private group entity 📮 Government

4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) X Issue Fee Publication Fee (No small entity discount permitted)

A check is enclosed. Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 0.2-2.448 (enclose an extra copy of this form).

Advance Order - # of Copies Four (4) 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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January 30, 2009 Authorized Signature ___ Typed or printed name Michael K. Mutter 29,680 Registration No. _

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